



**Patient Reference Group Meeting – on Zoom
14/7/20
Minutes**

Introductions

7 patients present

Apologies received from 1 patient

Dr Gordon, Kay Noble from Patient Support Team, and Camilla Hawkes Practice Manager were present for the practice

Covid19

Most patients present had not had to contact the practice for medical reasons in the past few months. One patient shared that they had wanted to be in contact for medical reasons but had felt that it was not appropriate at that time.

Communication from the practice

The general feedback was that communication from the practice during the pandemic had been clear and proportionate. Texts had been easy to understand, and there had not been too many of them. None present had ever been under the impression that the practice was closed.

Registrations

One person fed back that they had locked down outside Leeds which had had led to them having temporarily register elsewhere.

Camilla informed the group that they had temporarily halted de-registrations of patients who had moved outside the practice boundary; it has restarted this week. The practice has now set up a process for accepting registrations online to reduce unnecessary travelling, which has been well used through the pandemic.

Changes at the practice – appt system

At the height of the pandemic we were meeting all incoming appointment requests “on the day” ie all incoming requests for care were dealt with “same day” on the phones by the GPs. However, we have now moved back to pre-booking routine appts (which are *phone* appointments) leaving the Same Day Service to deal with acute matters. From July 23rd same day service will return to our pre-Covid process ie that one “duty” GP will “triage” all the calls and patients whose reason needs more than 5 minutes will get a 2nd call back from a different GP. This means the patient has to speak to 2 GPs, rather than 1 as currently. We are returning to pre-Covid way of working to avoid the difficulty and stress for the GPs who are currently having to deal with numerous phone appointments all in depth. However once the “duty” GP can pass on the more “in depth” calls to other GPs, it leaves them able to deal with a greater number of more minor calls, more easily.

Changes at the practice – flow of people around the building

We have been even more thankful for our new building which has allowed us to maintain 2m social distancing and be a Covid Secure Building. We have separated hot patients from cold patients (see below) which is what is necessary to maintain good Infection Control. We have marked the floor displayed a lot of extra information and reminders. We have introduced additional staff facilities so that the kitchen does not get crowded.

“Cold” patients: those who do not have symptoms of covid (including, for example baby immunisations and cervical screening tests, plus patients who are unwell and need a physical exam but whose symptoms are not Covid, for example a painful abdomen). This is all on the 2nd floor now. “Hot” patients: unwell patients whose symptoms may be Covid. Most of these pts are in fact seen in the car park, and if this is not appropriate then they are seen on the ground floor, entering through a separate entrance which is usually a fire exit.

Changes at the practice – technology

A question was raised about the technology we are now using and what of it will stay permanently. We are working almost exclusively on the phone. At the start of the pandemic, we were granted rapid access to a video calling function and also patients can now send in photos. The latter has been more useful as we have found a photo of a rash (for example) is a better quality than a video call. Other new functions include the acceptance of electronically signed documents for the first time (eg sick notes and death certificates). We feel that all of these new functions are here to stay, and will remain as options alongside the face to face appointment.

Quality of care

A question was raised about the quality of care during the pandemic. What have the treatment options that the GPs have been able to offer to pts. Dr Gordon shared that doctors have been placed in the position of having reduced treatment options available to them (for example no referrals have been allowed to LTHT), with the result that care has been sub-optimal in some cases. We have seen patients presenting much later than usual for example weight loss over 3 months, rather than over 1 month as might have been more usual previously. In all cases we have been given Standard Operating Procedures that we have had to follow, so there has been little choice for us to make.

Shielded patients

Chapelton has been successful in winning a £50,000 grant to address health inequalities which have been worsened by covid 19. Feel Good Factor will host a worker who will work with shielding people and their households.

There has been a lot of confusion around who should shield. Some alerts were sent out centrally based on information held at the hospital. Plus some alerts were sent out by us after Leeds Commissioning Group identified who we should contact based on central advice which then changed. So both groups contained errors and we have been contacted by numerous patients with uncertainties. And now more recently we are getting contact from shielding patients with anxieties as their employers are wanting them to return to work.

Building resilience

A query was raised about how SMP can work to support its patients to be more resilient to the impact of viruses through improving how healthy they are (eg maintaining a healthy weight, eating a nutritious diet, exercising).

Flu vaccines

General Practice has been asked to place particular emphasis on flu vaccines this winter. There is likely to be central, open access clinics as well as practice clinics. It is thought that pharmacists are likely to be giving flu vaccines this winter which will place a greater burden on practices. SMP's draft plans are to run clinics only when the rest of the building is empty / not being used (ie at weekends) and to have a one way system through the ground floor waiting area. Vaccines will be

given in the ground floor waiting room, with patients queuing down the pedestrian ramp maintaining social distancing. A lot of detail is still to be worked up.

Other business

- St Martins House – there is a call out for patients to talk to the consultants who are doing a case study to be included in NHSE guidance on GP practice premises. Please contact Kay Noble.
- Link between ethnicity & patient experience of their healthcare, a brief update on our work in this area: Dr Gordon and Dr Sattar from Woodhouse Medical Practice (part of Chapeltown Primary Care Network) have now set up a working group looking at this issue.

Date of next meeting 22nd October 2020

Agreed ground rules for Patient Group meetings

- The meeting is not a forum for individual complaints and single issues.
- We advocate open and honest communication and challenge between individuals.
- We will be flexible, listen, ask for help and support each other.
- We will demonstrate a commitment to delivering results, as a group.
- Silence indicates agreement – speak up, but always go through the chair.
- All views are valid and will be listened to.
- No phones or other disruptions.
- We will start and finish on time and stick to the agenda.